



State of Louisiana
Department of Revenue
P.O. Box 201, Baton Rouge, LA 70821-0201

Gift Tax Return of Donor

For Calendar Year _____

Full name (Please print.)

Address

Social Security Number

City, State, ZIP

Please read instructions carefully.

Schedule A – Computation of Taxable Gifts and Tax

1. Total gifts for current year (from Schedule B)				1		00
2. A. Total annual exclusions (see instructions)	2A		00			
B. Specific lifetime exemption claimed	2B		00			
C. Gifts to spouse	2C		00			
D. Charitable, educational, and religious exemptions	2D		00			
3. Total exemptions (Add Lines 2A, 2B, 2C, and 2D.)				3		00
4. Taxable gifts for current year (Subtract Line 3 from Line 1.)				4		00
5. Add taxable gifts in prior years (from Schedule C, Line 1A)				5		00
6. Total taxable gifts (Add Lines 4 and 5.)				6		00
7. Calculation of tax						
A. 2% of first \$15,000 of Line 6	7A		00			
B. 3% of excess of Line 6 over \$15,000	7B		00			
8. Total tax (Add Lines 7A and 7B.)				8		00
9. Less credit for tax paid on taxable gifts in prior years (2% of Line 5, not to exceed \$300)				9		00
10. Gift tax for current year (Subtract Line 9 from Line 8.)	10		00			
11. Interest	11		00			
12. Penalty	12		00			
13. Total amount due (Add Lines 10, 11, and 12.)				13		00
14. Amount paid with extension				14		00
15. Balance of tax due or refund due				15		00

Make payment to Department of Revenue.
Do not send cash.

Schedule B – Total Gifts During Calendar Year

Item number	Donee's name and address, description of gift	Indicate community or separate property	Date of gift	Value of gift
Total gifts for calendar year (Enter on Line 1, Schedule A.) ▶				

Schedule C – Prior Year Gifts

1. Have you been the donor of any gifts in prior years? Yes ☐ No ☐
If so, provide the following information:

A. Total amount of taxable gifts in prior years. (See instructions.) (Enter this amount on Line 5 of Schedule A.) ▶	
B. Total specific lifetime exemption claimed in prior years ▶	

Schedule D – Consent for Gift Splitting of Separate Property

1. Name of consenting spouse _____
2. Social Security Number of consenting spouse _____
3. Were you married during the entire calendar year? Yes ☐ No ☐
4. If no, please check one of the following:
- A. ☐ Married Date _____
- B. ☐ Divorced Date _____
- C. ☐ Widowed Date _____

Declaration by Signature

_____ Signature of donor/executor	() _____ Telephone	_____ Date
_____ Signature of consenting spouse	() _____ Telephone	_____ Date
_____ Signature of preparer, if different from donor	_____ Telephone	_____ Date